

## Dental Service Fees

Code	Description	CHD Fees
D0120	PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	\$45
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	\$24
D0145	ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE AND COUNSELING WITH PRIMARY CARE	\$48
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT	\$48
D0180	COMPREHENSIVE PERIODONTAL EVALUATION - NEW OR ESTABLISHED PATIENT	\$95
D0210	INTRAORAL-COMPLETE SERIES (INCLUDING BITEWINGS)	\$95
D0220	INTRAORAL-PERIAPICAL-FIRST FILM	\$12
D0230	INTRAORAL-PERIAPICAL-EACH ADDITIONAL FILM	\$9
D0240	INTRAORAL-OCCLUSAL FILM	\$24
D0250	EXTRAORAL-FIRST FILM	\$71
D0260	EXTRAORAL-EACH ADDITIONAL FILM	\$39
D0270	BITEWING-SINGLE FILM	\$18
D0272	BITEWINGS-TWO FILMS	\$27
D0274	BITEWINGS-FOUR FILMS	\$33
D0290	POSTERIOR-ANTERIOR OR LATERAL SKULL AND FACIAL BONE SURVEY FILM	\$95
D0330	PANORAMIC FILM	\$89
D0340	CEPHALOMETRIC FILM	\$95
D0350	ORAL/FACIAL PHOTOGRAPHIC IMAGES	\$21
D0470	DIAGNOSTIC CASTS	\$65
D1110	PROPHYLAXIS-(AGE 12 - 20 )	\$54
D1120	PROPHYLAXIS-CHILD	\$42
D1206	TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION FOR MODERATE TO HIGH CARI	\$33
D1208	TOPICAL APPLICATION OF FLUORIDE (PROPHYLAXIS NOT INCLUDED)-CHILD	\$33
D1330	ORAL HYGIENE INSTRUCTION	\$18
D1351	SEALANT-PER TOOTH	\$39
D1510	SPACE MAINTAINER-FIXED UNILATERAL	\$214
D1515	SPACE MAINTAINER-FIXED BILATERAL	\$348
D1550	RECEMENTATION OF SPACE MAINTAINER	\$51
D2140	AMALGAM-ONE SURFACE, PRIMARY OR PERMANENT	\$92
D2150	AMALGAM-TWO SURFACES, PRIMARY OR PERMANENT	\$122
D2160	AMALGAM-THREE SURFACES, PRIMARY OR PERMANENT	\$152
D2161	AMALGAM-FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	\$181
D2330	RESIN-ONE SURFACE, ANTERIOR	\$101
D2331	RESIN-TWO SURFACES, ANTERIOR	\$116
D2332	RESIN-THREE SURFACES, ANTERIOR	\$131
D2335	RESIN-FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)	\$214
D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR	\$214
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	\$92
D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	\$122
D2393	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR	\$152
D2394	RESIN-BASED COMPOSITE - FOUR SURFACES, POSTERIOR	\$180
D2710	CROWN - RESIN-BASED COMPOSITE (INDIRECT)	\$229
D2721	CROWN-RESIN WITH PREDOMINANTLY BASE METAL	\$253
D2740	CROWN-PORCELAIN/CERAMIC SUBSTRATE	\$678
D2751	CROWN-PROCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$678

PRICES NOT VALID MORE THAN ONE YEAR FROM EFFECTIVE DATE

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Code	Description	CHD Fees
D2920	RECEMENT CROWN	\$51
D2930	PREFABRICATED STAINLESS STEEL CROWN-PRIMARY TOOTH	\$202
D2931	PREFABRICATED STAINLESS STEEL CROWN-PERMANENT TOOTH	\$202
D2932	PREFABRICATED RESIN CROWN	\$202
D2933	PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW	\$253
D2940	SEDATIVE FILLING	\$54
D2950	CORE BUILD-UP, INCLUDING ANY PINS	\$193
D2951	PIN RETENTION-PER TOOTH, IN ADDITION TO RESTORATION	\$6
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	\$158
D3110	PULP CAP-DIRECT (EXCLUDING FINAL RESTORATION)	\$39
D3120	PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION)	\$33
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) REMOVAL OF PULP CORONAL	\$149
D3221	PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH	\$89
D3230	PULPAL THERAPY (RESORBABLE FILLING)-ANTERIOR, PRIMARY TOOTH (EXCLUDING FINA	\$223
D3240	PULPAL THERAPY (RESORBABLE FILLING)-POSTERIOR, PRIMARY TOOTH (EXCLUDING FIN	\$253
D3310	ANTERIOR (EXCLUDING FINAL RESTORATION)	\$440
D3320	BICUSPID (EXCLUDING FINAL RESTORATION)	\$565
D3330	MOLAR (EXCLUDING FINAL RESTORATION)	\$699
D3331	TREATMENT OF ROOT CANAL OBSTRUCTION;NON-SURGICAL ACCESS	\$149
D3333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	\$92
D3351	APEXIFICATION/RECALCIFICATION-INITIAL VISIT (APICAL CLOSURE/CALCIFIC REPAIR	\$250
D3352	APEXIFICATION/RECALCIFICATION-INTERIM MEDICATION REPLACEM ENT (APICAL CLOSU	\$166
D3353	APEXIFICATION/RECALCIFICATION-FINAL VISIT (INCLUDES COMPLETED ROOT CANAL TH	\$333
D3410	APICOECTOMY/PERIRADICULAR SURGERY-ANTERIOR	\$223
D3430	RETROGRADE FILLING-PER ROOT	\$74
D4210	GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TE	\$312
D4211	GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH OR BOUNDED TE	\$134
D4240	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING-FOUR OR MORE CONTIGUOUS TEETH	By Report
D4241	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING-ONE TO THREE CONTIGUOUS TEETH	By Report
D4260	OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - FOUR OR MORE CONTIGUOU	\$339
D4261	OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - ONE TO THREE CONTIGUOU	\$143
D4341	PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT	\$59
D4342	PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH, PER QUADRANT	\$30
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE EVALUATION AND DIAGNOSIS	\$155
D4910	PERIODONTAL MAINTENANCE PROCEDURES	\$127
D5110	COMPLETE DENTURE - MAXILLARY	\$922
D5120	COMPLETE DENTURE - MANDIBULAR	\$922
D5211	UPPER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEET	\$490
D5212	LOWER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEET	\$490
D5213	MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (	\$936
D5214	MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES	\$936
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	\$42
D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	\$42
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	\$42
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	\$42

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Code	Description	CHD Fees
D5510	REPAIR BROKEN COMPLETE DENTURE BASE	\$131
D5520	REPLACE MISSING OR BROKEN TEETH-COMPLETE DENTURE (EACH TOOTH)	\$116
D5610	REPAIR RESIN DENTURE BASE	\$131
D5620	REPAIR CAST FRAMEWORK	\$140
D5630	REPAIR OR REPLACE BROKEN CLASP	\$166
D5640	REPLACE BROKEN TEETH-PER TOOTH	\$116
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	\$125
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE	\$155
D5730	RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)	\$187
D5731	RELINE LOWER COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)	\$187
D5740	RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	\$187
D5741	RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE)	\$187
D5750	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	\$336
D5751	RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	\$336
D5760	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	\$336
D5761	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	\$336
D5820	INTERIM PARTIAL DENTURE (MAXILLARY)	\$327
D5899	UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE	By Report
D6985	PEDIATRIC PARTIAL DENTURE, FIXED	\$490
D7111	EXTRACTION, CORONAL REMNANTS - DECIDUOUS TOOTH	\$80
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL	\$80
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING ELEVATION OF MUCOPERIOSTEAL FLA	\$119
D7220	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE	\$184
D7230	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY	\$229
D7240	REMOVAL OF IMPACTED TOOTH-COMpletely BONY	\$235
D7241	REMOVAL OF IMPACTED TOOTH-COMpletely BONY, WITH UNUSUAL SURGICAL COMPLICATI	\$244
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	\$161
D7260	ORAL ANTRAL FISTULA CLOSURE	\$499
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	\$357
D7270	TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLA	\$80
D7280	SURGICAL ACCESS OF AN UNERUPTED TOOTH	\$404
D7283	PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH	\$351
D7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH	\$134
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR T	\$166
D7471	REMOVAL OF LATERAL EXOSTOSIS (MAXILLA AND MANDIBLE)	\$360
D7510	INCISION AND DRAINAGE OF ABSCESS-INTRAORAL SOFT TISSUE	\$140
D7520	INCISION AND DRAINAGE OF ABSCESS-EXTRAORAL SOFT TISSUE	\$199
D7880	OCCLUSAL ORTHOTIC APPLIANCE	By Report
D7970	EXCISION OF HYPERPLASTIC TISSUE-PER ARCH	\$250
D7999	UNSPECIFIED ORAL SURGERY PROCEDURE	By Report
D8070	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	\$1,130
D8080	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	\$1,130
D8090	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION	\$1,130
D8210	REMOVABLE APPLIANCE THERAPY	\$321
D8220	FIXED APPLIANCE THERAPY	\$996

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Code	Description	CHD Fees
D8660	PRE-ORTHODONTIC VISIT	\$193
D8670	PERIODIC ORTHODONTIC TREATMENT VISIT	\$155
D8692	REPLACEMENT OF LOST OR BROKEN RETAINER	\$187
D8999	UNSPECIFIED ORTHODONTIC PROCEDURE	By Report
D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN-MINOR PROCEDURES	\$39
D9220	DEEP SEDATION/GENERAL ANESTHESIA-FIRST 30 MINUTES	\$169
D9221	DEEP SEDATION/GENERAL ANESTHESIA-EACH ADDITIONAL 15 MINUTES	\$68
D9230	ANALGESIA, ANXIOLYSIS, INHALATION OF NITROUS OXIDE	\$83
D9241	INTRAVENOUS CONSCIOUS SEDATION/ANALGESIA - FIRST 30 MINUTES	\$149
D9242	INTRAVENOUS CONSCIOUS SEDATION/ANALGESIA - EACH ADDITIONAL 15 MINUTES	\$59
D9248	NON-INTRAVENOUS CONSCIOUS SEDATION	\$119
D9310	CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER TH	\$54
D9420	HOSPITAL CALL	\$166
D9920	BEHAVIOR MANAGEMENT	\$71
D9999	UNSPECIFIED ADJUNCTIVE PROCEDURE	By Report

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